Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>09/02/2013</u>	Address	6746 S CR 800W
Incident #:	13ISPC008758		Reelsville, IN 46171
County :	<u>PUTNAM</u>		
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			
Operation Chemica Dumpsi	al/Glassware/Equipment (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Four	nd: Location (bedroom, kitchen, open air	r, etc)	
(check all th	at apply) /Ammonia Reaction(s):		
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: OUTBUILDING			
Water Reactive Metal (Lithium): <u>OUTBUILDING</u>			
☐ Hydrochloric Acid Gas Generator(s):			
Anhydro	ous Ammonia:		
	ve Acid: OUTBUILDING		
⊠ Corrosiv	ve Base: OUTBUILDING		
Other (i	tem and location):		
Yes No Childrer Living cond Estimated lo	er age 18 discovered (check appropriate (number present) n not present but evidence they reside ditions of home: clean disarray ength of time manufacturing had been Information:	or visit often	
This report	t has been faxed* to the following ag	gencies that serve	the location:
Health Dep	ment: REELSVILLE FIRE DEPT artment: PUTNAM COUNTY of Child Services: PUTNAM CPS	Fax: <u>765</u>	6-672-4768 6-658-2782 6-653-6663
	information regarding this methamphog Officer: <u>JONATHAN CUMBIE</u>	etamine laboratory Phone <u>765-653-41</u>	

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This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.